# **WIC Formula Assessment**

Client_	FID	Date	CPA initials
Reques	sted Formula	Formula provided _	
Basic Assessment (Ask first for ALL problems)			
1.	What formula are you using? Any other formulas that you have used? W	hen and how long?	
2.	How much is your baby drinking? How often?		
3.	How do you prepare the formula? How much water and how many scoops? Shake or stir? Prepared ahead and stored? Do you warm the bottle? (microwave vs water the water toom temp? Leftover saved? How long?	arm water bath)	
4.	How many wet & dirty diapers?		
5.	When was the last weight check? Weight_		
6.	Breastfeeding history (currently breastfeed	ing- how often vs termina	ation- when?)
7.	Is your baby exposed to 2 <sup>nd</sup> hand smoke?		
8.	Do you have any concerns? (see below for	specific concerns)	

## **Spitting up**

## Spitting up

- How much and how often?
- When? After feedings? After laying down?
- How big is the wet spot on clothes? Golf ball size? Softball size? Basketball size?

# Positioning:

- Is baby being jostled during feeding?
- Is baby laid down right after a feeding?
- Is bottle tipped so baby is gulping air?

## Nipple

Is nipple opening too large, resulting in large amount of volume going in?

#### Illness

Is baby coming down with a cold or respiratory illness?

## Teething

Is baby drooling more?

## Crying/Fussy

#### Infant cues

- In need of a diaper change?
- Trying to pass gas or have a bowel movement?
- Overwhelmed, in need of a break?
- Too hot, too cold?
- Hungry or not?
- Sleepy?
- Need to be burped?
- Just want to be held/rocked/comforted?

#### Teething

Is there discomfort from a tooth coming in?

#### Illness

• Is baby coming down with a cold, respiratory illness, or ear infection?

Crying patterns (certain time of day)? How long does crying last?

What calming techniques have you tried?

## Constipation

## Stooling patterns

• How does parent describe constipation?

Anything added to bottle? (cereal, karo syrup, etc)

If transitioning from one formula to another, too quickly?

Anything else baby is eating/drinking?

Swaddling: Is infant being wrapped and unable to move?

Are clothes or diaper too tight?

How much movement is baby getting?

Recent illness: Is fluid loss due to vomiting, fever, recent diarrhea?

Any medications?

#### Diarrhea

#### Stooling patterns

• How does parent describe diarrhea?

#### Sanitation

- How often are hands washed, especially before bottles & after diaper changes?
- How often are toys, pacifiers, bottles washed?

Illness- exposure to others with diarrhea?

What foods or fluids from others are being shared?

Other food or beverages?

## **Food allergy**

Other signs or symptoms of food allergy?

 Hives, itchy skin, rashes, swelling, sneezing, congestion, wheezing or tight throat, vomiting or diarrhea, pale skin, drop in heart rate